



State of Georgia  
Department of Labor

### SEPARATION NOTICE

1. Employee's Name David Platta 2. S. S. No. [REDACTED]

a. State any other name(s) under which employee worked. \_\_\_\_\_

3. Period of Last Employment: From 08/05/1985 To 09/15/2021

4. REASON FOR SEPARATION:

a. LACK OF WORK ☐

b. If for other than lack of work, state fully and clearly the circumstances of the separation: Not complying with company policy

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)  
(DO NOT include vacation pay or earned wages)

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_  
(type of payment)

Date above payment(s) was/will be issued to employee \_\_\_\_\_

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.  
\_\_\_\_\_ per month \_\_\_\_\_ % of contributions paid by employer

6. Did this employee earn at least \$3,500.00 in your employ? YES ☒ NO ☐ If NO, how much? \$ \_\_\_\_\_  
Average Weekly Wage \_\_\_\_\_

Employer's Name WTUM

Address 1909 Wynnston Rd.  
(Street or RFD)

City Columbus State GA | 31906  
ZIP Code

Employer's Telephone No. (706) 494-5400  
(Area Code) (Number)

#### NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

Ga. D. O. L. Account Number 926060-05  
(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Nicole Burrey  
Signature of Official, Employee of the Employer  
or authorized agent for the employer

Payroll Administrator  
Title of Person Signing

9/15/21

Date Completed and Released to Employee

#### NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

DOL-800 (R-8/02)